FOR INSTRUCTIONS, SEE BACK OF FORM	Reset For		
DISCLOSURE SUMMARY PAGE	IA ETU	DR-2	DISCLOSURE
COMMITTEE NAME (Must be same as on Statement of Organization)	IA ETH Ummpaign Dj	acting on	1
1	1000	For Office Use	Only 140X
CITIZENS FOIZ ISLL S	SCHOOL STORY	FM 2:55	1.100
IMPORTANT: Indicate by # type of committee you are reporting for:  (1)Statewide/Legislative/Judge Standing for Retention Candidate (2)State	DAC (3 )State Party	Logged In	
(1) Statewide/Legislative/Judge Standing for Retention Califorate (2) State (4) County Central Committee (5) County Candidate (6) City Candidate (	7 )School Board or Other	Scanned	
Political Subdivision Candidate (8) County PAC (9) City PAC (10) School	ol Board or Other Political	Computer	
Subdivision PAC (11) Local Ballot Issue CANDIDATE COMMITTEES ONLY:		Audited	3 Dag /2
Candidate-Name Polii	tical Party (if applicable)	i File with:	
	EDUBLICAL	lowa Ethics a	and Campaign
	trict (if Senate or House)	Disclosure B	
STATE MESTAGUE	1+10-13	510 E. 12th, S Des Moines,	
	<del></del>	Fax: 515-281	
Late reports are subject to possible civil and criminal penalties. Pursuant to the candidate, for a candidate's committee, and the chairperson, for any of			
individual pesponsible for filing-timely and accurate reports.	• •		1 1
I SILL STANDER	(-KH) -463	5-8384	1/12/00
SIGNATURE OF PERSON FILING REPORT	TELEPHONE		SIGNED
IAMFILINGA 1/8/09 REP	ORT FOR (1) ELECTION /(	2NICALEI ECTICAI VEAS	<b>,</b>
	Indicate by	· (50)	•
(report date)	indicate by	* Lead.	
CHECK IF AMENDMENT TO REPORT DATED	<del></del>	Local Committees, ente	er Date of Election
Charle if this is final (farmination) cannot and attach blatics of Dissolution	Form DD 2		
Check if this is final (termination) report and attach Notice of Dissolution (You must continue to file reports until a DR-3 is filed.)	ruiii DK-3.	County & Local Commi	ttees, enter County in
	s <sub>a</sub>	which Election is held	
STATEMENT OF	CASH ON HAND		
CASH ON HAND at the beginning of the reporting period. (Total of all funds committee. This amount MUST be the same as the cash on hand		17	1. 2. — —
of the last reporting period or must be zero if this is first report fil	led.)	s <u>                                </u>	,441.1
ADD TOTAL MONEY TAKEN IN THIS PERIOD		•	
Schedule A: Cash Contributions total (Attach Schedule A) (*also	see in-kind below)	**********	110.64
Schedule F. Loans Received total (Attach Schedule F)			
Schedule H: Total Sales of Campaign Property (Attach Schedule			
(Schedule H applies to Candidates' Committees C	-		······································
TEATH THE IT SERVICES IN MAININGS OF ACTUALISMENTS (	SUB-TOTAL	•	
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	00-101AL	······································	
	dable and laces but.	100	31500
Schedule B: Expenditures total (Attach Schedule B) (**also see	•	7	1000
Schedule F: Loan Repayments total (Attach Schedule F)			· · · · · · · · · · · · · · · · · · ·
CASH ON HAND at the end of this reporting period (if final report balance in		. ~	5 798 3
be zero) (Attach DR-3)	***************************************		
**UNPAID BILLS (From Schedule D - Attach Schedule D)		\$	
"IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)		\$	
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	***************************************	\$	
CONSULTANT BREAKDOWN (Schedule G Attached?)		YES	NO
CANDIDATE COMMITTEES ONLY:			
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H	v	•	
TOTAL OF STREET PROPERTY AND THE PROPERTY OF T	17	•	

**STATE COMMITTEES:** Submit a reconciled campaign account bank statement in January of each year.

## For Instructions, See Back of Form

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## **CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

(Including candidate's personal funds)	
COMMITTEE NAME (Must be same as on Statement of Organization)	

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS			
CHECK THIS BOX AMENDING FORM				

Reset Form

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

**CAUTION:** Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
4/21/06	ID# CK#	US BANK INTERESTON AKT		\$15.64	
	ID# CK#				
L			SUB-TOTAL	71560	

TOTAL (if last page of this schedule)

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page \_\_\_\_\_ of \_\_\_\_

FOR INSTRUCTIONS, SEE BACK OF FORM

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## **EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE

B MONETARY
(Rev. 07/03) EXPENDITURES

CHECK THIS BOX IF AMENDING FORM

COMMITTE	E NAME (Must be :	same as on Statement of Organization)				ı
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)		AMOUNT EXPENDED	
1/8/08	CK#	CEDUSULAN PANTY GHE PINST PESTONIS, IA DISCH	(OUTIZES	orton	: 365- 10,000	<b>*</b>
2/23/08	CK# 1D#	LEUSANCE MAGARY FUND 681 E. 9/81/57. DES MONUES/18 50309	(ONTHU)	1405708	(0,000	8
	ID# CK#	•				
	ID# CK#					
· · · · · · · · · · · · · · · · · · ·	ID# CK#					
	ID# CK#					
	ID# CK#					
	ID#					
			TOTAL 444	SUB-TOTAL	\$ 10,364	<b>8</b>
			TOTAL (if last page	ot this schedule)	\$100 200	80

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

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